03/31/2010 13:59

Image# 10930465736

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 03 3 1 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 24

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From:	0 1 2 0 1 0 T	O: 0 3 3 1 2 0 1 0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 20 10 Y Y Y		162965.18
(b) Cash on Hand at Begining of Reporting Period	162965.18	
(c) Total Receipts (from Line 19)	20663.47	20663.47
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	183628.65	183628.65
7. Total Disbursements (from Line 31)	31506.95	31506.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	152121.70	152121.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 24

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From:

M M O 1 D D O 1 Y Y W Y TO:

To:

To:

To:

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12575.11	12575.11
	(ii) Unitemized	5557.18	5557.18
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18132.29	18132.29
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18132.29	18132.29
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	6.95	6.95
10.	to Federal candidates and Other Political Committees	2500.00	2500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	24.23	24.23
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20663.47	20663.47
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	20663.47	20663.47

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	6.95	6.95
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	6.95	6.95
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	31500.00	31500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) 1 333141 311413	2.22	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31506.95	31506.95
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0.1500.05	24522.55
	from Line 31)	31506.95	31506.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 24

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	18132.29	18132.29
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18132.29	18132.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.95	6.95
37.	Offsets to Operating Expenditures (from Line 15, page 3)	6.95	6.95
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP			
FED PAC	ITAL AUTTI	ONITI/CANOLINAS FILALI	TIOANE STSTEM EMPLOTEES
Full Name (Last, First, Middle Initial) Pamela M Beckwith			Date of Receipt
Mailing Address 1709 Rosebank Lane			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.7104
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.34]
Full Name (Last, First, Middle Initial) Pamela M Beckwith			Date of Receipt
Mailing Address 1709 Rosebank Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.7169
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr. Susan O Duncan-Butler			Date of Receipt
Mailing Address 715 Witmore Road			M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: SA11AI.7073
Wingate	NC	28174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio PHYS	n	Payroll Deduction \$250 mo- nthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			583.34

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
١.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address COOC Alexander Deed			Date of Receipt
	Mailing Address 6836 Alexander Road			03 01 2010
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.7205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation	n	Payroll Deduction \$100 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt
	Mailing Address 1320 Fillmore Avenue	#413		0 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7022
	<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67 Payroll Deduction \$416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.67	
	Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt
	Mailing Address 1320 Fillmore Avenue	#413		02 01 2010
	City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.7099 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	+ +	Year-to-Date ▼ 833.34	
SI	JBTOTAL of Receipts This Page (optional)	1		933.34

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt
Mailing Address 1320 Fillmore Avenu	ue #413		03 / 01 / 2010
City	State	Zip Code	Transaction ID: SA11AI.7164
<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	١	Payroll Deduction \$416.67 monthly
Receipt For: 2010	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	33 (3	1250.01]
Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
Mailing Address 8221 Buena Vista D	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7081
Denver	NC	28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$1500 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
Mailing Address 8221 Buena Vista D	rive		02 01 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.7149
Denver	NC	28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	ו	Payroll Deduction \$1500 monthly
Receipt For: 2010	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼		3000.00	
			3416.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/24 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	r not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
CHARLOTTE-MECKLENBURG HO	OSPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
Mailing Address 4625 Cotton Creek	Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Charlette	State NC	Zip Code	Transaction ID: SA11AI.7055
Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$416.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.67	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
Mailing Address 4625 Cotton Creek	M M / D D / Y Y Y Y Y Y O 1 0 1 2 0 1 0		
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.7128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LOLLO	416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	ı	Payroll Deduction \$416.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
Mailing Address 4625 Cotton Creek	Drive		03 01 7 7 7 7
City	State NC	Zip Code	Transaction ID: SA11AI.7193
Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	ı	Payroll Deduction \$416.67 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.01	
SUBTOTAL of Receipts This Page (optional	al)		1250.01

	LE A (FEC Form 3X D RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one) X 11a
or for commer NAME OF CHARLO	cial purposes, other than using the COMMITTEE (In Full)	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
FED PAC Full Name Russell Gue Mailing Add	(Last, First, Middle Initial) erin	Drive		Date of Receipt
City Charlotte	ı	State NC	Zip Code 28226	Transaction ID: SA11AI.7121 Amount of Each Receipt this Period
	mber of contributing tical committee.	C		166.67
em Receipt Fo		Occupation ADMIN Aggregate	e Year-to-Date ▼ 333.34	Payroll Deduction \$166.67 monthly
Full Name Russell Gue Mailing Add		Drive		Date of Receipt 0 3 0 1 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.7186
	mber of contributing tical committee.	NC C	28226	Amount of Each Receipt this Period 166.67
Name of El Carolinas I em	mployer HealthCare Syst-	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
Receipt Fo		Aggregate	e Year-to-Date ▼ 500.01	
Full Name Henry C Ha	(Last, First, Middle Initial)			Date of Receipt
Mailing Add	dress 1310 James B White	e Hwy N		03 01 2010
City <u>Whiteville</u>	2	State NC	Zip Code 28472	Transaction ID: SA11AI.7163
FEC ID nu	mber of contributing tical committee.	C	20472	Amount of Each Receipt this Period 75.00
Name of E Carolinas	mployer lealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$75 mon- thly
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 225.00	
SUBTOTAL	of Receipts This Page (optional)		408.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one) X 11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	Statements may not be sold or used by any persone name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Road City Concord FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28027 C Occupation ADMIN Aggregate Year-to-Date 333.34	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Road City Concord FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28027 C Occupation ADMIN Aggregate Year-to-Date 500.01	Date of Receipt 0 3
Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	#106 State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date 250.02	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		416.68

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	e name and addre	ess of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive			Date of Receipt O 3 O 1
	City	State	Zip Code	Transaction ID: SA11AI.7196
	Charlotte FEC ID number of contributing federal political committee.	C	28270	Amount of Each Receipt this Period 83.34
	Name of Employer CarolinasHealthCareSystem	Occupation		Payroll Deduction \$83.34 monthly
	Receipt For: 2010 Primary X General Other (specify)	ADMIN Aggregate Y	ear-to-Date ▼ 250.02	
_	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen La	ıne		Date of Receipt 0 3 0 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7214
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$83.34 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.02	
_	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue	ı		Date of Receipt 0 2 0 1 2 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7150
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$166.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 333.34	
	SUBTOTAL of Receipts This Page (optional) .	1		333.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenution City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date 500.01	Date of Receipt M M M O 1
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	Place State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify)	Place State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / O 1 / 2 0 1 0 Transaction ID: SA11AI.7201 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
SUBTOTAL of Receipts This Page (optional	nl)	416.67

SCHEDULE A (FEC F ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such or for commercial purposes, other	Reports and Statements may not be sold or used by any than using the name and address of any political committ	
NAME OF COMMITTEE (In F CHARLOTTE-MECKLENE FED PAC	ull) BURG HOSPITAL AUTHORITY/CAROLINAS HE	ALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle I Mr. Joseph G Piemont	,	Date of Receipt
Mailing Address 2028 Hope	State Zip Code	0 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte	NC 28207	Transaction ID: SA11AI.7033 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle I Mr. Joseph G Piemont	·	Date of Receipt
Mailing Address 2028 Hope	edale Avenue	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.7109
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	800.00	
Full Name (Last, First, Middle I Mr. Joseph G Piemont	nitial)	Date of Receipt
Mailing Address 2028 Hope	edale Avenue	03 01 2010
City	State Zip Code	Transaction ID: SA11AI.7174
<u>Charlotte</u>	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
Receipt For: 2010 Primary X Genera Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SURTOTAL of Possints This Pa	ge (optional)	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one) X 11a					
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH						
Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory La City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date 250.00	Date of Receipt O 1 O 4					
Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory La City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date 500.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.7142 Amount of Each Receipt this Period					
Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory La City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date 750.00	Date of Receipt M M D D 2 0 1 0					
SUBTOTAL of Receipts This Page (optional)		750.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/24 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS		•	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
Mailing Address 11029 Lederer Ave			0 1 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.7015
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$333.34 monthly
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.34	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
Mailing Address 11029 Lederer Ave			02 01 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.7094
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$333.34 monthly
Receipt For: 2010	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼		666.68	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
Mailing Address 11029 Lederer Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7159
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.34 Payroll Deduction \$333.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	monthly
Receipt For: 2010	Aggregate	e Year-to-Date ▼	_
Primary X General Other (specify) ▼		1000.02	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	FUI Name (Last, First, Middle Initial) Dr. Wanda Robinson	PITAL AUTH	ONII 1/CANOLINAS REALI	Date of Receipt
	Mailing Address 233 Altondale Avenue City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio PHYS	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Daniel W Sweat Mailing Address 133 Twin Lake Drive			Date of Receipt 0 3 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7165
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN		Payroll Deduction \$100 mo- nthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
с. С.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road E	ast		01 04 2010
	City	State	Zip Code	Transaction ID: SA11AI.7035
	Charlotte FEC ID number of contributing federal political committee.	NC C	28203	Amount of Each Receipt this Period 416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.67	
	SUBTOTAL of Receipts This Page (optional)	1		616.67
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	ne name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	FED PAC Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Road I			Date of Receipt 0 2 0 1 2 0 1 0
	City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.7111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupatio ADMIN Aggregate	Year-to-Date ▼ 833.34	Payroll Deduction \$416.67 monthly
	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Road I	East		Date of Receipt 0 3 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7176
	Charlotte FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67
	Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupatio ADMIN Aggregate	e Year-to-Date ▼ 1250.01	monthly
	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 5522 Challis View La	ne		Date of Receipt 0 2 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7132
	Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.34	
	SUBTOTAL of Receipts This Page (optional)	1		1000.01

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В.

PAGE 19/24 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 17 13 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Date of Receipt Mailing Address 5522 Challis View Lane 03 2010 01 City State Zip Code Transaction ID: SA11AI.7197 Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing 166.67 C federal political committee. Payroll Deduction \$166.67 Name of Employer CarolinasHealthCareSystem Occupation monthly **ADMIN** Receipt For: 2010 Aggregate Year-to-Date Primary X General 500.01 Other (specify) Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receipt Mailing Address 1800 Camden Road 0 3 01 2010 City State Zip Code Transaction ID: SA11AI.7171 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 Name of Employer Carolinas HealthCare Syst-Occupation monthly Administrator 2010 Receipt For: Aggregate Year-to-Date ▼ Primary X General

250.02

SUBTOTAL of Receipts This Page (optional)	•	250.01
TOTAL This Period (last page this line number only)	•	12575.11

Other (specify)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 24										
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 X 16 17										
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and addr	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHO	DRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES										
Full Name (Last, First, Middle Initial) RICHARD M BURR Mailing Address POST OFFICE BOX 5	928 State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y										
WINSTON-SALEM FEC ID number of contributing federal political committee. Name of Employer	C S4N0	27113 C00089	Amount of Each Receipt this Period 2500.00										
Receipt For: 2010 X Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 2500.00											

SUBTOTAL of Receipts This Page (optional)	•	2500.00
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Full Name (Last, First, Middle Initial) Heath Shuler for Congress							e of [Disburse				
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	om such Reports and States, other than using the na					
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Full Name (Last, First John Spratt for Co	,				Transaction ID: Date of Disbursem	
Mailing Address F	PO BOX 636				03 / 25	Y 2010
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					or the purpose of soliciting contributions licit contributions from such committee				
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG FED PAC								
	Full Name (Last, First, Middle Initial) McHenry for Congress				Transaction ID: SB23.7225 Date of Disbursement				
	Mailing Address PO BOX 1406	3			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & 1 & O \end{smallmatrix} \end{bmatrix}$				
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	Candidate Name McHenry for Congress	15		Category/ Type					
	Office Sought: X House Senate President State: NC District: 10	Disbursement For: X Primary Other (sp	2010 General ecify) ▼						
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	Full Name (Last, First, Middle Initial) Mel Watt for Congress Committ	ee			Transaction ID: SB23.7228 Date of Disbursement				
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\rangle	NAME OF COMM CHARLOTTE-N FED PAC	/IITTEE (In Full) MECKLENBURG H	NAS	S	HEALTH	IC/	ARE S	YS	TEM	EMPLO	YEE	S						
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		First, Middle Initial)								Trane	acti	on ID:	SR23	723				
	Mike McIntyre									Transaction ID: SB23.7234 Date of Disbursement								
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